

VZCZCXRO8381
RR RUEHBZ RUEH DU RUEHJO RUEHMR RUEHRN
DE RUEHTO #0729/01 2110946
ZNR UUUUU ZZH
R 290946Z JUL 08
FM AMEMBASSY MAPUTO
TO RUEHC/SECSTATE WASHDC 9180
INFO RUCNSAD/SOUTHERN AFRICAN DEVELOPMENT COMMUNITY
RUEHLO/AMEMBASSY LONDON 0208

UNCLAS SECTION 01 OF 02 MAPUTO 000729

SENSITIVE
SIPDIS

E.O. 12958: N/A
TAGS: [PREL](#) [PGOV](#) [EAID](#) [KHIV](#) [SOCI](#) [MZ](#)
SUBJECT: HEALTH MINISTER: WE MUST COOPERATE BETTER

11. (SBU) SUMMARY: The Charge met with the Mozambican Minister of Health, Dr. Ivo Garrido, on July 3 to discuss the planned \$1 billion USG investment in the Mozambican health care sector over the next five years via the President's Emergency Plan for Aids Relief (PEPFAR) and President's Malaria Initiative (PMI). The Charge also outlined sizable USG-funded programs in maternal and child health, nutrition and reproductive health. Minister Garrido agreed to formalize a new level of cooperation and coordination with the USG, highlighted several health priorities for Mozambique, discussed the reorganization of implementing partners, and offered to intervene with the Minister of Labor regarding work permits for the USG's third-country national health professionals. Improved coordination with the Government of Mozambique (GRM) is necessary to ensure that this significant investment in the health sector yields the best possible results, and this meeting shows that there is clear potential to move forward. END SUMMARY.

COORDINATION

12. (U) In a July 3 meeting, the Mozambican Minister of Health signaled his appreciation for the large USG investment in the Mozambican health sector and agreed with the Charge that closer coordination was needed at all levels between his ministry and the USG. The Minister noted that the United States is by far the largest donor in the health sector in Mozambique, providing more funding to the health sector than all other donors combined. He identified his director of planning as the new focal point for coordination with the Ministry of Health, and proposed monthly coordination meetings between his directors and USG senior technical staff. The Minister also agreed to formalize this new level of cooperation in an official letter further detailing proposed coordination mechanisms and a calendar of scheduled meetings.

MOZAMBIQUE PRIORITIES IN THE HEALTH SECTOR

13. (U) Minister Garrido outlined his priorities in the health sector as human resources (training and motivation), infrastructure (rural health clinics and warehouses), and community involvement (health promotion and disease prevention) and his follow-up letter also included financial management and monitoring and evaluation as priorities. The Minister expressed his pleasure with the recent USG-United Kingdom initiative to improve human resources in four focus countries, to include Mozambique. He urged the Charge to continue to increase investment in priority areas.

AGREEMENT ON 'COMPACT' NEGOTIATIONS

14. (U) Beyond better coordination and management, the Charge

strongly urged the Minister to consider jointly developing a bilateral compact outlining commitments and responsibilities for both sides over the next five years. Garrido agreed to the proposal in principle, and said that discussions should begin soonest.

PARTNER RATIONALIZATION/REORGANIZATION

¶5. (SBU) The Charge suggested that our implementing partners are not optimally organized in terms of geographic location. For example, he said, there is more than one USG implementing partner supporting the same GRM facility in several cases. The Charge proposed a reorganization of implementing partners to streamline support to the GRM. The Minister agreed with this suggestion, stating that the GRM is moving towards a district model, where non-governmental organizations would provide systems strengthening, training, and support to an entire district, rather than play a service-provider role in specific health clinics.

HIRING OF THIRD COUNTRY NATIONALS

¶6. (U) The Charge raised the problem of a severe human resource shortage in Mozambique which is inhibiting the USG's ability to recruit qualified Mozambican professionals to manage portfolios of great size and complexity. He indicated that in some instances, it has been difficult to attract Portuguese-speaking AmCits with the required technical

MAPUTO 00000729 002 OF 002

qualifications for positions, resulting in a need to recruit third-country nationals to maintain necessary professional staffing levels. The Charge noted that recent changes to Mozambican labor laws are inhibiting USG abilities to obtain work permits for third-country national staff members. The Minister said he recognized the difficulty, stated that he discussed this issue with the Ministry of Labor, and promised to write the Minister of Labor an official letter on behalf of the USG on this issue. (Note: USG efforts to engage the Ministry of Labor on this issue have so far been unsuccessful. End Note.)

COMMENT

¶7. (SBU) Minister Garrido's concerns with the dominance of NGOs in the health sector has caused some distance between the USG and the Ministry of Health until this meeting, which marks a reinvigoration of cooperation with the Ministry of Health. Post and Minister Garrido now share similar concerns about the implementation of our health-related programming. Post believes that Minister Garrido--who is a senior decision maker in the FRELIMO party--could be a powerful ally, not only in the health sector, but also in our stalemated struggle to legalize the status of third-country health sector professionals supporting USG initiatives.
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